## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10804631

| CLAIMS AS FILED - PART I (Column 1) (Column 2) |   |   |                                       |                                       |              |                  |          | SMALL ENTITY TYPE |                        |          | OTHER THAN R SMALL ENTITY |                        |  |
|--|---|---|---------------------------------------|---------------------------------------|--------------|------------------|----------|-------------------|------------------------|----------|---------------------------|------------------------|--|
| TOTAL CLAIMS                                   |   |   | 31                                    |                                       |              |                  |          | RATE              | FEE                    | ריי<br>ד | RATE                      | FEE                    |  |
| FOR  |   |   | NUMBER FILED                          |                                       | NUMBER EXTRA |                  |          | BASIC FE          | <del></del>            | OR       | BASIC FEE                 | <del> </del>           |  |
| T  | OTAL CHARGE   | ABLE CLAIMS                               | 3\ minus 20=                          |                                       | * \\         |                  |          | X\$ 9=            | cy c                   | 7        | X\$18=                    |                        |  |
| IN   | DEPENDENT (   | CLAIMS                                    | 3 minus 3 =                           |                                       | *            |                  |          | X43=              | 130                    | 4        | X86=                      |                        |  |
| М  | ULTIPLE DEPE  | NDENT CLAIM P                             | RESENT                                | ·                                     |              |                  |          |                   | <del> </del>           | OR       |                           |                        |  |
| •  | f the differenc   | e in column 1 is                          | less than zero, enter "0" in column 2 |                                       |              | Column 2         | ' [      | +145=             |                        | OR       | +290=                     | o                      |  |
| CLAIMS AS AMENDED - PART II                    |   |   |                                       |                                       |              |                  |          | TOTAL             | 481                    | OR       | TOTAL                     |                        |  |
|  |   | (Column 1)                                | (Column 2) (Column 3)                 |                                       |              |                  |          | SMALL             | ENTITY                 | OR       | OTHER<br>SMALL            |                        |  |
| AMENDMENT A                                    |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGHE<br>NUME<br>PREVIO<br>PAID F     | BER<br>USLY  | PRESENT<br>EXTRA |          | RATE              | ADDI-<br>TIONAL<br>FEE |          | RATE                      | ADDI-<br>TIONAL<br>FEE |  |
|  | Total   | *   | Minus                                 | **                                    |              | =                |          | X\$ 9=            |                        | OR       | X\$18=                    |                        |  |
|  | Independent   | *<br>ENTATION OF MI                       | Minus                                 | ***                                   | <u> </u>     | =                |          | X43=              |                        | OR       | X86=                      |                        |  |
| <u> </u>                                       | PINOT PRESE   | ENTATION OF MI                            | JUIN LE DEF                           | PENDENT                               | CLAIM        | <u></u>          |          | +145=             |                        | OR       | +290=                     |                        |  |
|  |   |   |                                       |                                       | •            | ÷                | L        | TOTAL             |                        | OB       | TOTAL                     |                        |  |
|  |   | A   | DDIT. FEE                             |                                       | 1 ,          | ODIT. FEE        |          |                   |                        |          |                           |                        |  |
| AMENDMENT B                                    |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGHE<br>NUMB<br>PREVIOU<br>PAID F    | ER<br>USLY   | PRESENT<br>EXTRA |          | RATE              | ADDI-<br>TIONAL<br>FEE |          | RATE                      | ADDI-<br>TIONAL<br>FEE |  |
| NON  | Total   | *   | Minus                                 | **                                    |              | =                |          | X\$ 9=            |                        | OR       | X\$18=                    |                        |  |
| AME  | Independent   | *   | Minus                                 | ***                                   |              | =                |          | X43=              |                        | OR       | X86=                      |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                                       |                                       |              |                  |          | +145=             | -                      | OR       | +290=                     |                        |  |
|  |   |   |                                       |                                       |              |                  |          | TOTAL<br>DIT. FEE |                        | OR A     | TOTAL<br>DDIT, FEE        |                        |  |
|  |   | (Column 1)                                |                                       | (Columi                               |              | (Column 3)       |          |                   |                        |          |                           | ,                      |  |
| MEN  |   | REMAINING<br>AFTER<br>AMENDMENT           |                                       | HIGHE:<br>NUMBE<br>PREVIOU<br>PAID FO | R            | PRESENT<br>EXTRA |          | RATE              | ADDI-<br>TIONAL<br>FEE |          | RATE                      | ADDI-<br>TIONAL<br>FEE |  |
|  | Total   | *   | Minus                                 | **                                    |              | =                |          | X\$ 9=            |                        | OR       | X\$18=                    |                        |  |
|  | Independent   |   | Minus                                 | ***                                   |              | =                |          | X43=              |                        | _ }-     | X86=                      |                        |  |
| لــَــ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                                       |                                       |              |                  | $\vdash$ |                   |                        | OR       |                           |                        |  |
| * If   | the entry in colur  | Ľ   | 145=<br>TOTAL                         |                                       | OR L         | +290=            |          |                   |                        |          |                           |                        |  |
| ***  | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |                                       |                                       |              |                  |          |                   |                        |          |                           |                        |  |